

4-H EVENTS MEDICAL HISTORY FORM

Name _____ Birth Date _____

Social Security # _____ Sex _____ Age _____

Parent/Legal Guardian _____

Home Address _____

Phone number where your parents/guardians can be reached during the trip period _____

Relatives or friends authorized to act in your behalf in case of emergency if your parents/guardians cannot be reached:

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Chaperon to hospitalize, secure proper treatment for, and to order injections, anesthesia and surgery for my child named above should it be deemed necessary.

parent or legal guardian

date

If you have been exposed to any communicable disease within a week before going attending the 4-H event, please explain fully in a note to the Chaperon.

Name & phone number of Family Physician _____

Health History: (check those that apply and give approximate dates)

Ear Infection _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

Behavior _____

Other Drugs _____

Allergies:

Hay Fever _____

Insect Stings _____

Penicillin _____

Plants _____

Asthma _____

Diseases:

Chicken Pox _____

Measles _____

Mumps _____

German Measles _____

Food Allergies _____

Give date of last tetanus immunization or booster _____

Give dates of operations or serious injuries _____

Any drug allergies (other than above) _____

Chronic or recurring illnesses _____

Other diseases or details of above _____

Any specific activities to be encouraged? _____

Any specific activities to be discouraged? _____

Please list any special assistance needed, such as dietary or accessibility restrictions _____

If you are bringing medications to the event with you, make sure your name is on them and that the Chaperon is advised of the direction for administration.